Pharmacological Algorithm for Type 2 Diabetes

-Normal HbA $_{1c}$: 4 - 6.1% -Normal FPG: < 126 mg/dL

-Goals and therapies must be individualized.

Initial Intervention Education/Nutrition/Exercise Goal: FPG \leq 126 mg/dL, HbA_{1c} \leq 7.0% Goal Not Met After 1 Month Goal Met FPG \ge 126 mg/dL, HbA_{1c} \ge 7.0%: F/U every 3 months Other initial monotherapy options: Start initial monotherapy Acarbose/Miglitol Pioglitazone/Rosiglitazone Sulfonylureas Metformin[^] Repaglinide Insulin Monotherapy adequate Monotherapy Inadequate After 3 Months $FPG < 126 \text{ mg/dL}, HbA_{1c} < 7.0\%,$ $HbA_{10} > 7.0\%$ Other combination options: Continue therapy Combine sulfonylurea/metformin Metformin or a Sulfonylurea plus HbA_{1c} q 6 months Acarbose/Miglitol, or Pioglitazone/ Rosiglitazone or Repaglinide (with metformin), or Insulin Combination Therapy Inadequate Combination Therapy Adequate HbA_{1c}>7.0% within 6 months $HbA_{1c} \le 7.0\%$ Add intermediate bedtime insulin or add third oral Continue Combination Therapy agent or switch to insulin monotherapy or refer to $HbA_{1c} \neq 6$ months specialist

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^{*}If initial presentation with fasting glucose \ge 260 mg/dl is a symptomatic patient, consider insulin as initial intervention. \(^\) preferred in obese or dyslipidemic patients